



Health Services
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July 14, 2006

TO: Each Supervisor

FROM: Bruce A. Chernof, M.D.
Director and Chief Medical Officer

Carlos Jackson, Executive Director
Community Development Commission of the County of Los Angeles

SUBJECT: **ACCESS TO HOUSING FOR HEALTH (AHH) PILOT PROJECT**

Bruce A. Chernof, MD
Director and Chief Medical Officer

John R. Cochran III
Chief Deputy Director

William Loos, MD
Acting Senior Medical Officer

Attached is a document developed in response to your June 26, 2006 Board motion instructing the Community Development Commission (CDC) and the Department of Health Services (DHS) to report back within 7 days with a plan for the Access to Housing for Health (AHH) Pilot Project.

A request by DHS and CDC had been granted to extend the report due date to July 14, 2006.

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If you have any questions or need further information, please let either of us know.

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BAC:lb
607:003

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Attachment

*To improve health
through leadership,
service and education.*

c: Chief Administrative Officer
County Counsel
Executive Officer, Board of Supervisors



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ACCESS TO HOUSING FOR HEALTH (AHH) PILOT PROJECT

Program Description

Homeless individuals are often discharged from hospitals with only a referral to emergency shelters which, when able to accept the individual, typically provide only an overnight bed and limited supportive services. Emergency shelter residents are often forced to spend their daytime hours seeking out food and cover from the outdoor elements. This routine can be life threatening for homeless persons who are living with chronic illness and/or physical disabilities. Lack of adequate rest, proper nutrition, clean water, access to clean bathrooms, and places to refrigerate medications, diminishes an individual's ability to fully recover. Too often these individuals experience complications and emergencies, which in turn are evidenced by increased costs to the health care system.

The *Access to Housing for Health (AHH) Pilot Project* will be a collaboration of the Department of Health Services (DHS) and the Community Development Commission (CDC) with the goal of providing permanent, affordable housing linked to appropriate services for homeless individuals who are either frequent users of the DHS system or whose discharge is delayed due to their homeless status and medical fragility.

There is a demonstrated need for this project. For example, in June 2006, Utilization Management (UM) Nurses performed a day tally on the number of homeless individuals in County inpatient facilities, who are only there due to lack of appropriate housing or awaiting a nursing care placement. LAC + USC Healthcare Network had twenty-five (25) homeless patients; Harbor/UCLA Medical Center had eleven (11); Rancho Los Amigos National Rehabilitation Center and Martin Luther King Jr./Charles R. Drew Medical Center each had nine (9); and Olive View – UCLA Medical Center had three (3).

One hundred and fifteen (115) homeless individuals will be provided with housing through the Section 8 Housing Choice Voucher Program (100 units) and Public Housing (15 units). Fifty (50) of the respective Section 8 vouchers have been set aside by the Housing Authority of the County of Los Angeles (HACoLA). At the request of HACoLA, the Housing Authority of the City of Los Angeles (HACLA) set aside an additional fifty (50) Section 8 vouchers. Each Housing Authority will enter into separate Memorandums of Understanding with DHS.

The Section 8 vouchers are for permanent housing to be used in private market-rate apartments as well as publicly supported rental units. For instance, the CDC will explore the opportunity for participants to lease apartments when vacancies occur in buildings that receive funding through the County's City of Industry program or other available affordable housing developments located throughout the County.

Program Components

The AHH Pilot Project will allow DHS and CDC to develop, implement, and evaluate a model of housing linked to an intensive level of support services. The project will be aimed at DHS patients who are chronically homeless, chronically ill and/or physically disabled and who have multiple needs such as mental illness, substance abuse, or lack of any social support system. This pilot project will build the necessary infrastructure for DHS to have direct access to housing for their most complicated and post-acute patients. In addition to permanent housing, individuals will receive intensive case management to assist in obtaining access to needed services and to navigate within these systems of care.

Housing locator services: The housing locator services will be provided by an experienced contract agency with extensive expertise in locating an array of housing options that matches the particular needs of the targeted population. The agency will not only assist in identifying housing units, but will also continue to work with the individuals for six months following housing placement to focus on landlord and tenant relations. DHS will work with the CDC to identify the appropriate mechanism to select the housing locator agency. Existing processes are currently underway to secure housing locator services by multiple County departments. These services will be made available to other County departments through collaborative arrangements.

Case management and other support services: The intensive case management portion of the project will include the management of temporary housing, first and last months rent and coordination of the housing locator services. Selection of a community provider for these services will hopefully be accomplished through a sole source agreement.

The case managers will begin working with individuals once eligibility for AHH has been established by DHS. They will secure temporary housing while individuals are waiting for their permanent housing. The temporary housing may include transitional housing, board and care facilities, master-leased apartments/hotels rooms, motels, and other facilities. The case managers will manage all aspects of the housing applications processes, coordination with the housing locator agency and the local housing authorities, as well as providing on-going support and linkage to needed services, for a period of at least twelve (12) months following housing placement.

DHS administration: DHS will hire a project coordinator at the level of Assistant Staff Analyst to be housed within the DHS Homeless Services Unit. Other DHS administrative costs will include planning activities, finance, information technology, and evaluation services.

DHS' project coordinator, who will act as the "gatekeeper" for eligibility and to initiate AHH services, will work closely with both the community based case management provider and the Directors of Social Work from the five in-patient DHS facilities, who will be referring potential candidates.

AHH Proposed Budget

The proposed budgeted services will ensure the retention of the permanent housing subsidy for the participants of the Pilot Project. This budget is preliminary and will depend on ongoing and extensive negotiations, and may require modifications based on the actual experience of the Pilot.

Personnel Related Costs

• Case Management Services	\$	300,000
• Case Management Overhead and Administration	\$	100,000
• DHS Project Coordinator & Other Administrative Costs	\$	150,000
• Housing Locator Services	\$	345,000

Subtotal Personnel	\$	895,000
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Other Costs

• Temporary Housing Costs*	\$	310,000
• Move-In Costs**	\$	250,000
• Services/Costs Needed for Client	\$	45,000

Subtotal Other Costs	\$	605,000
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Total	\$	1,500,000
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*Assumes that approximately two thirds of the participants will require placement into boarding houses, motels, or other programs that require payment, and will utilize such services for an average of 60 days at a cost of \$70.00 per day for housing and food.

**Assumes that the 100 participants moving into Section 8 housing will require move-in expenses, including first and last month's rent, which will average \$2,500 per participant.

Participation Criteria

The participation criteria for AHH will be as follows: 1) DHS patient; 2) homeless; 3) chronically ill, physically disabled or a "frequent user" of DHS services, defined as three or more hospitalizations or five or more Emergency Room (ER) visits annually; 4) housing/discharge option of last resort, after all other possibilities have been exhausted; 5) priority given to individuals who are inpatient and without housing resources; and 6) screened for MediCal.

Client Profile

We anticipate that the pilot will primarily serve individuals with long and multiple episodes of homelessness. Most will have a current substance addiction or a history of substance abuse; many will have an Axis II disorder (personality disorders) that generally does not qualify the individual for Department of Mental Health (DMH) services. (Some may also have an Axis I disorder, in which case DMH may be able to serve them through their programs.)

As a group, these individuals are very difficult to place. Having repeatedly “burned bridges” with family members and friends, they have a history of difficulty in getting along with others. Some also have histories of violent behaviors or are victims of violence. These individuals face barriers to placement in nursing homes due to their relative youth, and the fact that they do not need ongoing nursing services.

Anticipated Outcomes

An outside evaluation service provider will be hired to evaluate the outcomes of the project and to suggest any needed modifications. The evaluation may include some of the following outcome indicators:

- Stability in permanent housing for one year or longer;
- Reduction in inpatient admissions and associated lengths of stay;
- Reduction in emergency room visits;
- Increase in benefits establishment.